

10/585335

1AP20 Rec'd PCT/PTO 06 JUL 2006

Application Data Sheet

Application Information

Application Type:: National Stage
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: USE OF PILOCARPINE FOR
HYPOTYALISM TREATMENT
Attorney Docket Number:: 0540-1061
Request for Early
Publication?::
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: PHILIPPE
Middle Name::
Family Name:: PEROVITCH
Name Suffix::
City of Residence:: LEGE CAP FERRET
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 9 RUE DES MARINS - LES JACQUETS
Address::
City of Mailing Address:: LEGE CAP FERRET
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-33980

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: MARC
Middle Name::
Family Name:: MAURY
Name Suffix::
City of Residence:: SAINT MEDARD EN JALLES
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 21 RUE LOUIS JOUVET
Address::
City of Mailing Address:: SAINT MEDARD EN JALLES

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-33160

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN
Middle Name::
Family Name:: DEYMES
Name Suffix::
City of Residence:: BORDEAUX
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 9 RUE FRANTZ DESPAGNET
Address::
City of Mailing Address:: BORDEAUX
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-33000

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2005/050012	1/7/05

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	04 50050	1/9/04	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::